



UNIVERSITY OF FAISALABAD

LMS Account Request Form

Personal Information

Salutation: Dr. Mrs. Mr. Ms.

First Name: _____

Surname: _____

Contact No. _____

Email Address: _____

City/Town: _____

Country: _____

University Affiliation:

Category: Student (Post Graduate Under Graduate) Faculty Staff

Degree Program: _____ Designation: _____

Discipline/Department: _____ Department: _____

Student Reg. No. _____ Employee ID No. _____

For Applicant/Department Use

Applicant Signature: _____ Application Date: _____

Dean/Chairmen/Director: _____

Signature

For IT Use Only

Authorized Signature: _____ Approval Date: _____

Health Sciences Campus
Sargodha Road University Town, Faisalabad
Tel.: +92 041-8868326-30, Fax: +92 041 8868220
Email: admission@tuf.edu.pk

Engineering Campus
West Cannal Road, Faisal Town
Tel.: +92 041-8750971-5, Fax: +92 041 8750970
Email: admissions@tuf.edu.pk